

9/29/78
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A TOUCH OF THE PAST: A LOOK AT THE PRESENT: A GLIMPSE INTO THE FUTURE

The story of the School of Nursing is a complex and intricate one--full of life, of drama, of change, of determination and perseverance, of trials, of frustration, of commitment and caring, of searching and exploring, of learning, of growth, and of contributions far beyond the confines of the MGH. Its story is perhaps best appreciated and understood when experienced first hand but lacking the practicality or the possibility of that, I'll ask you to engage in some mind-expanding exercises. In sixty minutes I can give you only a bird's eye view, and a rather small bird's eye view at that. You will need to consider my remarks in the context of the other papers being presented these two days. To gain a truer perspective you will need to consider the School of Nursing in the framework of Society, of simmering social change, of the farreaching and insidious tentacles of political and economic influences, of the tumultuous changes in education, in the health care system and settings, in roles of the health workers/caretakers; in science and technology; in changing value systems and life styles; in aspirations and expectations of students, of the public as consumers, and of employers. Let me assure you that the shock waves of social change have hit the ivory towers of academia; the tidal waves of challenges, constraints, uncertainties, demand strong swimmers with strength of purpose, a sense of direction, and the ability to be tuned in to hear, even when the water is running!

This paper has three main purposes--first to share with you some of our beliefs and to provide you with some vital statistics of the School, and secondly to describe its services, and third to consider its future directions.

The MGH School of Nursing is one of the 64 Schools of Professional Nursing in Massachusetts, of which 36 are diploma programs. There are, in addition, 40 Schools of Practical Nursing. While the total number of diploma programs has significantly diminished over the years, they remain the largest single group, representing approximately 45% of basic professional nursing education programs in 1971. Though admission to our School has been limited to 130 applicants, since 1971, our enrollment continues at a high level, with 340 enrolled this September, compared with a national average of approximately 125 in all types of basic nursing education programs. We shall graduate a class of approximately 100 on May 31. Graduations from diploma programs now comprise 52% of total graduations in the country and 62% in Massachusetts, with the pattern of marked growth in graduations from A.D. programs (now about 27% of the total) continuing in this country.

In 1970 our present staffing level of 92 3/4 was reached. This includes (in addition to those whose functions are primarily administrative) 22 instructors, 24 assistant instructors; 2 counselors; 1 librarian and 2 assistants; and several clerks; 1 health supervisor; 9 office staff; and a residences staff of 17. Though no additional faculty or staff were approved since the advent of economic constraints, work activities continue to proliferate in the 24 hour/day, 7/days a week operation which is centered in Ruth Sleeper Hall, Bartlett Hall, 20 Charles Street, 3 floors of Walcott House, and reaches out into 6 cooperating agencies and a myriad of community agencies for student experiences.

Since 1965 when the Palmer-Davis Library was moved from its room in the Moseley Building to the spacious four rooms in Ruth Sleeper Hall, the circulation has increased from 11,168 to 15,905, the volumes from 5,379 to 8,969, the journals and periodicals from 86 to 202, and the annual attendance from 21,036 to 56,661.

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Its heavy use by students, faculty, members of the Nursing Department, graduates continuing their education at local universities, a few doctors and dieticians is sometimes augmented by the public at large, who, when noticing the Book Return Box outside Ruth Sleeper Hall door, assume that it is a branch of the Boston Public Library. Our librarian and 2 assistants, along with present and past faculty (notably Sylvia Perkins and Ruth Sleeper) have helped to make the library a center for learning.

There are four main services which the School provides: 1) student personnel and 2) a planned program of studies (or curriculum); 3) evaluation and studies of our program, staff, and graduates to determine the extent to which we meet our objectives and that our program reflects and is true to our beliefs that nursing is a service to the public, offered singly and in collaboration with others; and 4) contributions to the improvement of nursing and nursing education through curriculum and program innovation; through our graduates, and through faculty involvement and participation in professional and community organizations and, for example, serving as consultants to a local Publishing Company and other Schools of Nursing.

We have had many inquiries about the Student Personnel Services and curriculum, so I would like to elaborate on them.

The Student Personnel Service is comprised of a gamut of different yet related services which include Admissions, Recruitment, Financial Assistance, Counseling, Housing, and Student Health. While much of the philosophy of the services has been inherent in the program for some years, the functions of the area were previously administered by faculty committees, and by a Counselor, Supervisor of Health, and Residence Heads, responsible to the Director. In 1969 the Student Personnel Services were formally established under the administration

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of a Coordinator who united these related areas into a more cohesive and interrelating group. There were several reasons for this: to promote the expansion of student service; to better understand and to meet the complex needs of the heterogeneous student population of today and the future; to facilitate and encourage input from the students in program planning; and to better provide support to the School staff in meeting an objective of all of the faculty which is to "provide an environment which encourages and supports the student to become aware of those aspects of himself through which he can experience growth and assume the responsibility of fully realizing this growth...emotionally, physically and intellectually." In addition to the Coordinator who is a prepared Counselor, the staff includes an Admissions Officer who interviews practically all applicants; 2 Counselors; a Financial Aid Officer (3/4 time); a Residence Supervisor; 2 married couples living in Bartlett Hall and 20 Charles Street, where the wife serves as Residence Head; a Student Health Nurse, and Physician; a Consulting Psychiatrist; and an Executive Office Assistant who works closely with students to assist in developing programs for ceremonies such as Capping, Graduation, and Convocation, that carry on some of the traditions of the School and also have a special meaning for the students, as active participants using some of their own modes of expression. The team approach is used within the Services to work with potential applicants and then to provide for complete follow-up of students and to plan programs which will enhance and enrich student life. Beginning last year we also have had 2 graduate students in counseling programs at local universities assigned to our service for their practicum.

Now--with all that staff--what do they do? The entire admissions process, including development of policy, is a pivotal one, infinitely more complex than

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selecting from a given number of applicants a predetermined number of students who will unerringly and unequivocally meet specified entrance requirements which contain a magic formula for success. Over the past two years the floodgates have opened and most schools of nursing have been deluged with inquiries and applicants. The widespread interest in Health Careers, in service, in "being where the action is" and engaging in a curriculum with relevant field work of practical experiences has resulted in many more applicants than we could interview, or whose records we could evaluate and process, and whom we could accept. In February of the past two years we have had to close applications; develop waiting lists, and appoint from that list over the following months as some accepted candidates withdrew (in a few instances this year because of the uncertainty of financial aid); counsel students about other nursing and health career programs; offer the option of applying for the following year under an early acceptance plan; and, eventually, with a mixture of good judgment, knowledge and expertise in admissions and carefully studied and developed policies, and the combined skills of a visionary, a tight rope walker, and a sardine packer, we have admitted classes limited to 130 qualified students. The breadth and nature of the life experiences which our students have had cannot really be quantified or summarized into a class profile. They are an interesting, inquiring, caring, hard working, challenging group. I can tell you that the present Freshman Class includes 123 women and 9 men; ranging in age from 17 to 49 years; that 24% have some college background, including 8 college graduates; 7 are married and 5 are parents. The large percentage were in the upper 2/5 of their secondary school graduating class but increasingly, with the changes in primary and secondary school educational patterns, and philosophies and modes of evaluation, class rank is becoming a measure of the past and ungraded records with descriptive statements of progress are upon us. While approximately 60%

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of the Freshmen have maintained residence in Massachusetts, and 16% are from other New England states, the remainder represent a scattering of states across the country.

Admissions work involves a lot of public relations, counseling, and responding to numerous daily pleas for information which run the gamut from that of a minister in Rhodesia wishing to send his young parishioners to our nursing or medical school to the rather typical letters requesting a catalogue and application, or the high school Senior who writes "I have to start thinking about what I would like to do as soon as I graduate. I'm extremely interested in medicine and nursing. Could you please be kind enough to send me some information on how to become a nurse? Besides, I'm accident prone!"; and then there is, for example, the high school graduate, perhaps searching for the Bluebird of Happiness, who writes "Could you please send me information regarding Nursing Training Programs? I have been a typist for two months, a show girl in the circus for one year, and I am dissatisfied and needing to find my place. I thought of nursing because when I make someone happy and they like me I feel fantastic. Thank you for your help."; and then the college graduate who writes "During the last few months I have developed an interest in the career of nursing, but in looking into the field I find a chaotic array of programs and requirements. Because of my past education I find little that would really suit my background, and I want to avoid repeating much of what I have already studied. I am writing to you to see if you might give me some advice on the best approach a person with my training might make to enter nursing. I have a Master of Science degree in zoology (emphasis in marine ecology) from the University of Washington in Seattle, and an A.B. from Connecticut College. I have taken many courses that are generally required of nursing students (general and organic chemistry, physics, psychology, histology, comparative anatomy, physiology, embryology, and genetics) and have

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taught embryology, introductory biology and zoology at the college level. I am a member of Phi Beta Kappa and have an undergraduate GPA of 3.74 and a graduate one of 3.93. I am 27 and single. With this type of background, how would a person like myself fit into a nursing program? I am especially interested in surgical and critical nursing. Are there programs in existence designed to attract either college graduates or women in other fields into nursing? These needn't be in the Boston area, for I am prepared to move to an area where I can get the best program for my background. Also, is it possible for someone like myself to find funds to return to school? I can partially support myself through freelance scientific illustration, which is what I am doing full-time at present. I realize that I am asking a lot of questions, but if I could get only a few answered I would be grateful. There is such a nursing shortage in this country that I would have thought there would be more opportunities for a person like myself to change careers, but I am finding very little in the way of help and information."

Formulating admissions policies and practices means grappling with some serious questions which have ramifications for curriculum planning, future directions of the program, the nature of supporting services needed, career mobility and level and quality of nursing care. For example, what are the sources of candidates for nursing in the future? With predictions of fewer girl high school graduates entering nursing, what are the implications for further program modification if the student body includes more "older" students, more married students with families; more students whose prior life, educational, and career experience (e.g. corpsmen, technicians, LPN's) make them eligible for course exemptions, advanced standing, or other variations of an open curriculum? How can we juggle the number of full time students and part time students (those with

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course exemptions) and continue to accommodate special students such as graduate nurses of foreign countries seeking entrance into our courses in, for example, Psychiatric Nursing, in order to qualify for professional licensure examinations? A capitation grant award of \$30,000.00 (or up to \$70,000.00 if impounded Federal Funds are released) will help us to further find solutions to these related questions of career mobility, training and education of paraprofessional nursing personnel, and educational opportunities for the disadvantaged. Equally important questions related to the effect which increased costs of the program to the student, now over \$4,000.00 for the three years with cash paid for meals, and an increasing disparity between the financial need and available assistance will have on the type and numbers of students applying. Economic factors, diminished or less access to employment opportunities, changing modalities of health care services, questions of appropriate utilization of various types of health workers and the rapid proliferation of some types of health personnel and provision for horizontal and vertical mobility, all need constant monitoring and attention. How many students can we or should we accept in terms of the direct and indirect costs of the program; the numbers of qualified faculty, and the specialized needs of students found in a heterogeneous group; the availability and intricate planning involved in providing for clinical experiences in terms of the numbers of learners at different levels and from various programs which can reasonably be accommodated? Since we believe that one of the strengths of our program lies in the nature and quality of its clinical experiences, the faculty takes seriously its commitment to cooperative planning, and meeting the agreements which have been made with clinical agencies, despite the erratic schedules, and the need for classes and experiences to be repeated within the week for different sections of students.

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While not too many years ago, housing had a serious effect on the number of students that could be admitted, at present 56 live out with the remainder living in two residences, 20 Charles Street and Bartlett Hall. This includes housing of the Junior students who since 1967 have been commuting from MGH for maternity experiences and since 1969 for Mental Health Nursing experiences (primarily at McLean Hospital). Gone are the days of packing ones life's possessions, exiting MGH at noon and beginning affiliation at 1:00 p.m., with an intervening trip that would make the most besieged and embattled wagontrain West seem a luxury by comparison (or was it really that bad?). Walcott House now exemplifies the conundrum--When is a residence not a residence? Its metamorphosis now makes it a haven for expanded admissions, financial aid, and counseling services; offices for additional faculty when we assumed responsibility for teaching courses once taught at affiliating agencies, and for those teachers once housed in offices in the clinical areas; the Student Health Clinic, classrooms and conference rooms used by various groups; and 20 of our men and women students along with about 55 House Officers (on call); both of the latter groups moved so Parkman Street residences could be felled. They are, no more!

Dormitory regulations have changed in the last five years, requiring a different kind of responsibility of the residents for developing a healthy pattern of living and increasing the need for establishing cooperative and considerate life styles and for making responsible decisions. Only students who are first semester Freshmen, and under 18, are required to observe a School established curfew. Student privileges include limited visiting (privileges) in their rooms for members of the opposite sex. There is a renaissance of interest in residence activities, so plans for this year include film series, lectures/discussions of current issues, crafts classes and so forth. I don't want to give you the

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impression that they are housebound or overburdened with leisure time. Their interests and avocations range far and wide and take them out into surrounding communities, but their School schedules, study, and employment schedules frequently leave a paucity of time for relaxation or getting to know each other.

Since meal tickets are no longer available to students and more of them plan to cook some of their meals in the residences, we have installed an additional 9 avocado or gold refrigerators and 8 avocado or gold stoves. While they may look good enough to eat, we admit that they are not a substitute for steak. And this added load on the electricity has necessitated more stringent controls on the variety of electrical appliances which students may have in their rooms, since if 20% plugged in at the same time their assortment of TV's, radios, Hi Fi's, coffee pots, fans, electric curlers, hair blowers, tooth brushes, water piks, typewriters and other awesome devices, the house would self-destruct in seconds. I should, perhaps, mention that we still do have, for a nominal fee, some overnight guests or ambulatory patients undergoing daily therapy. It is good to be able to accommodate such needs. Graduate nurses now live outside in the community. Since costs of maintaining residences account for approximately 70% of the indirect operating costs of the School, empty space is a luxury we cannot afford, and nature abhors a vacuum--especially at MGH.

One might logically question why recruitment activities have been accelerated if we are receiving so many applications. Actually, a large portion of our recruitment is devoted to interpreting, describing, answering questions and clarifying misconceptions about health career opportunities, different types of educational programs, and opportunities for continued/continuing education. Visits to high schools, and conducting mini open houses upon request, keep us in touch with potential applicants and what they are like: their aspirations, their concepts of nursing and their expectations. We continue to work with guidance

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counselors individually or through their professional association, and with a host of organizations and agencies to reach out to potential qualified candidates from groups that are a minority in nursing. There is a constant search for new contacts and methods of assisting such candidates in addition to working through such agencies as ODWIN; Heath Careers, Inc., W-I-N program; the National Scholarship Service and Fund for Negro Students; Spanish oriented groups, etc., and branches of the armed services to reach former corpsmen. (These are but examples.) Because of the broad range of services which we attempt to provide in recruitment, it is difficult to evaluate results--and at times extremely discouraging if measured in terms of the direct acceptance into our program. So it helps to maintain a long-range view. As one of our Counselors recalls an incident in 1969 when we began a more extensive recruitment schedule outside the Greater Boston area. The first long distance trip was scheduled to be Portland and Lewiston, Maine. Through a natural fluke of New England weather there was a severe snow storm in the middle of October. The Chairman of Recruitment described the evening in the Portland Armory as follows: "There were over 100 admissions and recruitment counselors anxiously representing such schools as Harvard, Rutgers, Boston College, etc. However, only one person attended that evening--a mother rushed in covered with snow and clad in ski clothes who headed directly to our booth. She had read in the paper that the Massachusetts General Hospital would be represented and felt that it was imperative that she attend for her daughter who was ill." We graduated this young woman in our 1973 class.

I have used the word counseling several times and one of its characteristics is its pervasiveness as a service throughout the program: pre-entrance, during the program, and upon leaving the School. The aim is to offer services beneficial to the whole student body and to offer ongoing support to all students who seek

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assistance. Perhaps if I tell you now that the overall title of the first year Nursing course is "Crisis Intervention--Dependent and Independent Nursing Intervention to assist Man with Adaptation to Illness," and the Senior Advanced Nursing course is titled, "Stress, the Patient and the Nurse," it will be apparent that stress is no stranger to the students, and learning to effectively deal with it and respond to it has myriad applications, in sickness and health, in professional roles, personal lives, and interpersonal relationships. The Counselors have designed unique programs for students which might include individual counseling, group counseling, marriage and family counseling, vocational testing, tutorial work, and psychiatric referral. It is particularly gratifying to see students utilizing these services not only as they progress through the program and graduate, but also as some of them withdraw and seek help in planning for the future. To exemplify the latter, we might allude to a student from California who during the last months of her Freshman year expressed a desire to major in Physical Education at a college in the Boston area. After the Counselor made initial contacts and the student applied, the student was accepted in record time in one of our local colleges. Speaking of records, this particular young woman is a track star and "runs" to the Massachusetts General Hospital almost weekly to visit former faculty and classmates.

A highly specialized, detailed, demanding and sensitive area of counseling is that of helping students with budgeting and to plan for the financing of their education, balancing their employment responsibilities and their School/learning/patient care/and often family obligations so that none suffers; making students aware of sources and kinds of financial assistance and eligibility requirements; processing application, and making awards. You are aware that within the last decade the whole area of financial assistance for students has expanded tremendously.

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Accounts of crises fared by not only lower income but also middle income students have filled the newspapers and many of you are perhaps experiencing first hand the disparity between financial need and assistance, the uncertainties that becloud some of the Federally sponsored programs, the lateness and reduction of awards or the lack of awards. Though some of this will be discussed this afternoon, I would like to touch upon the subject briefly because of the serious impact on our program, our students, our financial aid officer (3/4 time!), the Accounting Department responsible for the appropriate bookkeeping, and, currently, representatives of the Nursing Department who have assisted us in implementing the Federally sponsored College Work-Study Program in which the students are employed as nursing assistants with 80% of salary paid from Federal Award and 20% paid by the employing agency. The cost of our program to the students has more than tripled since 1966. In that year slightly over 21% of the students were awarded aid through the School, with the amount totaling \$40,000.00+. There were essentially 3 programs: Grant-in-aid (in the form of remitted tuition in return for certain jobs which the student carried out); Federal Nursing Student Loans; and the School of Nursing Scholarship Funds.

For the 1973-1974 School year over 50% of the students have been determined as having a need (using the standard College Scholarship Service forms) totaling approximately \$255,000.00, or over six times that of 1966. We now administer 4 Federally supported programs (Nursing Student Loans and Nursing Student Scholarships under the Nursing Training Act of 1971, and Supplemental Educational Opportunity Grant and College Work-Study Program under the auspices of the Department of Health, Education, and Welfare, Bureau of Higher Education.) In addition to the Memorial Scholarship and loan funds of the School, per se, and the awards of the Alumni Association, we administer a scholarship program for

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black students (from a private donor), 2 full tuition scholarships for Freshmen, and 6 scholarships annually from a business Foundation. We also process forms for Federally Guaranteed Student Loan requests, and recently the Federally sponsored Basic Educational Opportunity Grants.

The plight of the student and family as well as that of the harassed and frazzled financial aid officer and those of us who must keep generally informed is perhaps illustrated by the fact that in the past year Congress has made basic changes in the guaranteed loan program three times, and BEOG program was not ready for implementation until July 1973 for this school year. In a masterpiece of understatement, the recent issue of Financial Aid News published by the College Scholarship Service of the College Entrance Examination Board (July 1973) says that "this year the timing of the funding of Federal aid programs was greatly out of synchronization with institutional students admission and aid application patterns and state award program cycles...." "Revising awards to comply with Federal regulations will place an added burden on institutional aid administrators and will require increased cooperation during the next few months."

Helping to influence legislation is an obligation which we have taken seriously. And keeping up with new legislation, Federal or state, or specialized aid for post-secondary education for certain groups, for example, Vietnam Veterans and dependents of P.O.W.'s and M.I.A.'s is a necessity. But with all the problems and difficulties inherent in financial assistance work, when you are close to the need and know how much it has meant to recipients it becomes worth every effort. And, after all, there are some side benefits to us in expanding our vocabularies and learning another language. With casual aplomb and speed reading techniques we can now, for example, readily digest phrases such as "turn-around-time in processing" and the message in notices that say

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"CSS will make available to aid administrators blank FNAR's and SFNAR's to assist them in doing hand computations. To expedite handling of PCS's and SFS's processed by CSS, a GLP only stamp or notation...is suggested."

Let's look now at some features of the curriculum, the other major service provided.

It is the philosophy of this School that our graduates are prepared to function as nurse generalists who demonstrate an understanding of basic nursing care principles and skills applicable in all areas, and who are prepared to develop specialized knowledge and nursing skills within the hospital and the community in whatever area of employment. We believe that the graduates can, with competence, engage in therapeutic, rehabilitative and preventive activities in behalf of patients, groups of patients and families. Although in 1967 the internship program of the third year was discontinued, as such, the Senior year continues to focus upon increasing skill in the more independent role (as well as the interdependent role) involving greater initiative, judgment, increased responsibilities and leadership experiences.

The responses of both employers and graduates strongly indicate that the product of our program meets our objectives, meets a community need, has a good base upon which to build continuing education and that a significant number not only demonstrate leadership ability but rather quickly assume a leadership role.

While most of the graduates seem to assume positions in some phase of medical/surgical nursing, and quite a few of these in intensive care, the statistics of most recent graduating classes shows that pediatrics, psychiatry and obstetrics are also the preference of three or four in each of these areas. The long range educational and career plans of the Class of 1973 may be interesting to you. While seven planned to earn a B.S. degree immediately, 64 had long range

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to you. While seven planned to earn a B.S. degree immediately, 64 had long range

plans to do so, and 17 indicated an intent to earn a Master's degree. Long term career goals were, overwhelmingly, to become some type of nurse clinician, and a large number of these wishing to be a nurse clinician in "bedside nursing." Of course there were other interests such as the 8 planning a career in community health, and 1 or 2 Midwives, and so forth.

While the length of the program has been pared down to 118 weeks spread over three years, we feel that this is the necessary length in terms of our objectives and philosophy, the nature of MGH as the major practice setting, and the breadth and depth of experiences which we feel are essential. An active Curriculum Committee and a healthy spirit of give and take and sharing amongst the faculty, across the boundaries of a particular discipline have contributed to the strength, vitality and dynamic quality of the curriculum. Physical, Biological, and Social Sciences while offered and taught by our faculty in defined courses for the entire first year have been spread so that concepts are incorporated into and built upon through the 118 weeks of the program. The Sciences continue to be strong and demanding; the pace is fast. We have to remind ourselves periodically that Nursing is their major, although we think it a slight exaggeration when students, still coping with the mysteries of basic arithmetic in order to safely handle highly critical dosage and I.V. calculations, grumble that we expect them to become "nuclear physicists." Increasingly, gains are made in recognizing and allowing for learning differences and building in some self-pacing and individual progression opportunities. Tutoring, remedial work, small group discussion periods and seminars and various educational media are offered. Though for many years course exemptions were offered under certain conditions to those students who had some college work, we are experimenting and expanding this opportunity to include others whose past career or life experiences

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have resulted in achievements which allow them to meet our program objectives in a different way or at a more rapid or less rapid pace. Consideration and allowances have existed for adjustments in class or course loads for the individual student for some time. This is currently encouraged in some instances so that a student under certain circumstances can continue on a part-time basis. Such a philosophy has resulted in the development of what is known as the Prolonged Program. It offers to a limited number of accepted students the opportunity to meet the requirements of first year courses over a two year period in a specially designed curriculum. For certain courses they participate with all first year students, in others they meet in tutorial or small groups.

Since the Nursing courses make up the bulk of the student learning experiences, and since the breadth, depth, and variety of carefully planned and negotiated clinical experiences in hospital or community settings are some of the real strengths of our program, I'd like to highlight some of these facets of the curriculum. Please remember that these are brief highlights, and lack of references to some courses or experiences does not mean that they are not included in the program.

The Freshman Nursing course, 44 weeks in length, has a conceptual base and focuses on the care of the adult patient during health and illness. The many contributing factors are explored, including those which are inherent in the general environment as well as those resulting from a specific disease process. With correlated theoretical and clinical learning experiences, the beginning student learns to assess and, with experience, increasingly to meet the needs of the patient who is in crisis and adapting to his environment. This concept of adaptability incorporates not only the needs of the present but also the limitations imposed by the past and the anticipations of the future. The student

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THE STRESS OF LIFE - Hans Seyle
FUTURE SHOCK - Alvin Toffler
EXISTENTIALISM: A PHILOSOPHY OF COMMITMENT - Sr. Madeline Clemence
CRISIS INTERVENTION - Donna Aguila

Through clinical experiences the student learns to collect data, assess the factors which influence an individual adaptive process, plan and implement and evaluate nursing care based on the statement of problems and nursing diagnosis, and to consider both long- and short-term goals. Students are being introduced to the problem-oriented medical record system, and concepts of accountability and peer evaluation.

The ratio of one teacher to approximately six students allows learning to take place by the direct involvement and active participation of both student and teacher. The elements of safe nursing practice and quality standards of care are developed within this framework.

An ongoing question for faculty is the issue of "what constitutes an appropriate clinical assignment for a Freshman--versus a Senior-level student?" And we must constantly ask ourselves and others such questions as: Are our expectations consistent and valid? Which activities best support our theoretical base? What are employer expectations? Do we overteach and overprepare our students? Are we preparing students to meet the health needs of people in settings very unlike MGH?

The health care needs of the patients at the Massachusetts General Hospital continue to be varied, complex, and exhaustive in scope. In many ways the view of the student who learns here can be somewhat distorted. The very nature of our patients could easily lead one to believe that all illnesses are hampered by severe complications and that multiple pathology is always present in patients.

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Relatively rare conditions seem to occur in endemic proportions (on our units). One teacher in discussing problems of endocrine imbalance with Freshman students altered her class plan when she discovered that 14 students during clinical experience that week in the Baker Memorial had each been assigned the care of a patient with Acromegaly, a relatively rare disorder of the pituitary. Due to the availability of a treatment which utilized the proton beam at M.I.T., patients who might benefit from this therapy were recruited from around the world and were concentrated at the Massachusetts General Hospital for the five-week period that the cyclotron was available for medical use.

Where then does one begin to teach nursing care intervention appropriate to the needs of the ever-expanding family of MGH patients? Can we successfully help students identify commonalities in the varied but basic needs of the patient population we serve? Can we provide the beginning nurse practitioner with the tools to nurse with confidence not only patients with a background similar to his own but those removed by age, culture, education and language, and other environmental factors? Can our student intervene effectively for the Gypsy family members who visit us annually, or the victims from both sides of the gangland power struggle in our city, or our patients under guard for their own protection or the protection of society, or the increasing number of patients, young and old, who are adrift, separated by choice from family and friends? How can we prepare them today for tomorrow's roles?

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Today it is rare for a student to care for a patient during more than one phase of the illness. The past pattern of admission, diagnostic work-up, treatment, convalescence, and discharge home, is obsolete. Today the early diagnosis, preventive care, and primary treatment often are rendered in "out-of-hospital" settings. Acute illness is managed in specialized intensive care units and designated areas of the general units. When the patient's condition stabilizes, even though nursing needs are complex and illness is semi-acute, transfer to other types of health care facilities is quickly utilized. Convalescence rarely occurs completely in the acute hospital. Because of this, extra effort must be made for the student to appreciate the continuity of care, meeting long-term goals and, in general, the out-of-hospital health needs of people.

Faculty constantly attempt to provide learning experiences which will expand the student's knowledge and understanding of health maintenance as well as illness and the significance to the patient in today's society. This year we added another dimension to the program by the assignment of Freshmen to clinical experience at the Massachusetts Rehabilitation Hospital, an extended care facility adjacent to the Hospital property on Nashua Street, used extensively as an interim care and rehabilitation facility for many of our patients.

Due to the increasing number of people entering health care professions, clinical learning experience is at a premium. Faculty and students must utilize patient contact time in the most effective manner possible. Careful preplanning is essential; and thorough preparation for clinical assignments is an inherent part of the student's program.

After the second year of experiences in specialty areas, the student begins the two Third-Year Nursing courses entitled, "Stress, the Patient and the Nurse." Each course extends over eighteen weeks. Senior Nursing students are expected to

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demonstrate knowledge of the therapeutic program with its inherent stressors and to plan the related intervention for their selected assigned patients. A higher degree of self-motivation, skill, responsibility and independent action become necessary. The Third-Year Nursing courses perpetuate the "adaptive concept" and reinforce the assessment process as applied to the planning of more comprehensive nursing care. Emphasis must continually be placed on the refinement and development of good basic nursing skills so that the patient isn't lost.

The theoretical portion of the courses, with supporting clinical experience, includes what we call core content and area content. Core content (concepts, principles, and skills applicable to all clinical areas--offers breadth--commonalities of care); Area content (is directed towards integration of core concepts and further investigation of issues more specifically encountered in each of the four clinical areas--medicine, surgery, neurology, orthopedics provide depth). Leadership theory and a co-leadership experience are offered during the assignment to either a medical or surgical unit. Sixteen clinical units are presently used for Senior assignment, supplemented by field experiences in other agencies and a home visit.

Learning experiences have been introduced to expand consideration of the needs of the patient and his family from admission to his return to home or community. The strengthening of community health aspects of care within the curriculum is in keeping with current societal trends. Nursing course content is reviewed and expanded to include new or advancing medical techniques and concepts which tend to become a "routine" part of Massachusetts General Hospital patient care long before even a sentence of description appears in the literature. Some recent additions include: a) Management of patients receiving hyperalimenta-

Some recent additions include: a) Management of patients receiving hyperalimentation- patient care long before even a sentence of description appears in the literature. concepts which tend to become a "routine" part of Massachusetts General Hospital is reviewed and expanded to include new or advancing medical techniques and curriculum is in keeping with current societal trends. Nursing course content community. The strengthening of community health aspects of care within the needs of the patient and his family from admission to his return to home or Learning experiences have been introduced to expand consideration of the in other agencies and a home visit. units are presently used for Senior assignment, supplemented by field experiences during the assignment to either a medical or surgical unit. Sixteen clinical provide depth). Leadership theory and a co-leadership experience are offered each of the four clinical areas--medicine, surgery, neurology, orthopedics concepts and further investigation of issues more specifically encountered in commonalities of care); Area content (is directed towards integration of core principles, and skills applicable to all clinical areas--offers breadth-- includes what we call core content and area content. Core content (concepts, The theoretical portion of the courses, with supporting clinical experience, isn't lost. refinement and development of good basic nursing skills so that the patient comprehensive nursing care. Emphasis must continually be placed on the concept" and reinforce the assessment process as applied to the planning of more become necessary. The Third-Year Nursing courses perpetuate the "adaptive higher degree of self-motivation, skill, responsibility and independent action to plan the related intervention for their selected assigned patients. A demonstrate knowledge of the therapeutic program with its inherent stressors and

tion therapy; b) Autoimmune response; c) Ongoing developments in the field of organ transplants; d) Surgical management of stroke; e) Total orthopedic reconstructive procedures (hip, arthritic finger).

Students continue to use initiative and ingenuity in seeking out learning experience, sometimes motivated by extracurricular interests. During the past year Senior students have shown a particular interest in traumatic pathology of the knee. While this problem has always been a significant consideration within the Orthopedic Unit and patients with knee problems continue to be numerous, the credit for this most recent mastery of content must go to the very special knees of the Boston Bruins stars Bobby Orr, Don Awry, and Phil Esposito.

The second year program encompasses 20 weeks of Maternal-Child Health, 10 of Mental Health Nursing, and 10 weeks in total, of The Care of the Ambulatory Patient, and Care of the Patient in Surgery.

Since September 1968, after McLean had closed its school in June, we have employed 4 instructors for the course, renamed in 1972 Mental Health Nursing to reflect changing emphases and goals. Students now live at MGH, commuting three days, or evenings, a week to McLean, having classes two days a week at MGH, and are without weekend assignment. Cash for meals and transportation become a necessity.

Whereas graduates in the past commented that the care of forgetful elderly patients at McLean in the 1950's had not prepared them to deal effectively with bizarre behavior among their own friends and family, students for some years have found themselves working chiefly with adolescent patients. This is not always easy for them to do; some of them are reluctant to perceive distortion or to set limits with patients of their own age group. Students repeatedly express surprise at their fatigue after working with patients. "It's a different kind of tiredness,"

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they say. Those who have taken satisfaction in dramatic intervention with visible, concrete results on the general floors are baffled by the subtleties of "just talking," taken so seriously by the McLean staff. The change in emphasis continues, from diagnosis and treatment of disease entities to observation and involvement in interpersonal relationships as the nurse develops awareness of his own reactions as they contribute to a given situation. Necessarily this is a slower process than changes in fashion for drugs, operations, equipment, or procedures.

Not so long ago some patients spent their lives at McLean. They withdrew from the world to a room or suite, perhaps with a nurse or domestic companion. Today a patient is expected to remain not more than three days on the admissions hall before transfer for treatment to another floor. In 1971-72 the average duration of stay was 170 days, and dropping; 137 days if the prolonged stay of three patients is omitted from the calculation. Many hospitalized patients are nevertheless at school or college or working in the community. The McLean Outpatient Department has grown enormously. Our students, however, are not assigned there.

Field trips continue to increase in number in this course. Small groups of students make arrangements and visit state hospitals and such agencies as drug treatment centers, half-way houses, child guidance clinics, summer camps for emotionally disturbed children, state centers for the criminally insane, and community mental health centers. They share their observations with the class, in panel and group discussion. The emphasis on community mental health centers where the patient retains and uses his strengths in the community instead of assuming a dependent, passive role in hospital will increase.

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A major need in the MGH curriculum continues to be the integration of mental health principles throughout the program. Recognition of normal anxiety in the general hospital needs to be stressed.

The current emphasis on the maintenance of health of the individual and the family has had a particularly strong impact on the Maternity, Pediatric, and Outpatient student experiences. It is a challenge to devise a program which emphasizes these aspects, especially when so much of the basic experience is in a hospital where the care of the acutely and seriously ill must often take precedence. In an attempt to focus on health maintenance and community needs, some major changes have been made and will continue to take place.

Maternity Nursing and Nursing of Children have been combined into a Maternal-Child Nursing course for the past four years. The greatest change in clinical experience has taken place in the Maternity area. For the last few years we have assumed responsibility for the teaching and have appointed our own faculty. One half of the experience (postpartum and prenatal) has been at the Boston City Hospital and the other half (nursery and labor and delivery) has been at B.L.I. This has been an excellent arrangement because of the varied types of facilities and patients experienced at each hospital. The decrease in birth rate, the increasing use of community hospitals by maternity patients, the increase in numbers of students in the Boston City Hospital School of Nursing has necessitated the discontinuance of that facility for the coming year.

A new plan has been devised for the 1973-74 school year to broaden the focus on Family Health, which will include utilization of the Parkway Division of the Boston Hospital for Women as well as the Lying-In Division; various community observations for field trips, experience in doctors' offices if available and audiovisual aids.

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Experience in the care of the ill and hospitalized child is primarily in the Burnham units which have undergone several changes. One floor is devoted entirely to adolescents and another to intensive care, both a nursery and a unit for children of all ages. The Shriners Burns Institute for Children has offered very valuable experience for a limited number of students each year. At last count, approximately 35 additional agencies, organizations or institutions provide community health oriented experience for the students. The focus of the five-week course in Care of the Ambulatory Patient is on health maintenance, and care and teaching of the patient who is not hospitalized. The Clinics of the MGH provide the major practice setting. Planned follow-up visits of selected patients at home are included.

Only the Operating Room Nursing course of five weeks remains heavily oriented to caring for the hospitalized patient. However, this continues to be a valuable experience which allows the student the opportunity to see the increasingly complex surgery and to appreciate the nursing role in preparing and caring for patients preoperatively and postoperatively, and the utilization of the teamwork, technology and equipment necessary for performing it. The expansion of the Operating Room facilities into the new Gray Building and the continual modernization of the area gives one the feeling of walking into "outer space" when entering the Operating Room Suite. And, speaking of "outer space", let's get future oriented.

Though we believe in and are convinced of the soundness of the produce of our program, we believe also that no program can maintain a status quo or exist in a state of suspended animation. Study and planning for the future, and establishing new directions, organizational arrangements, and educational patterns have been undertaken in order to manage change and to not lose out by default.

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Perhaps the most universal belief about a nursing education program conducted by MGH is that not only must the quality continue to be first rate and not only must it continue to contribute to the leadership in nursing and the development of the discipline of nursing, but its students while enrolled in the School should be able to earn legitimate college credits and a sound degree.

While it is relatively easy to wish for such things or to speak emotionally, eloquently, or rationally about their desirability, to move from here to there involves negotiating a road with dead ends, congestion, speed traps, sharp curves, reverse direction signs, unmarked exits and three-way traffic on a one-way street. Quite candidly, there have been (and are) times when pressures from many directions to make a sacrifice play or to close or to change at all cost, have seemed great. In some respects that might have been the comfortable or easy thing to do, to follow a course of least resistance, or to settle for a compromise with a dubious future due to the many uncertainties and upheavals surrounding institutions of higher education. To many of us, however, this seemed a serious abdication of responsibility when, with more time and work, some other desirable possibilities might evolve which would not only meet a community need and contribute to the Hospital's goals, but would also recognize social trends and provide the students with a quality education with credentials that would facilitate their continued learning and attaining their career goals.

Most, if not all, of you here realize that over the years the MGH School of Nursing has pioneered and had a variety of affiliations or arrangements with colleges and universities. The last two formal arrangements ended in 1966 with the discontinuance of the Coordinated Program with Radcliffe College and the Alternate Program with Northeastern University when the University began its own School of Nursing.

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The decision was made by the faculty in 1966 not to attempt to duplicate such programs with other colleges or universities, but rather to explore different possibilities, to try to create some different models or test out other alternatives while focusing on curriculum redesign and building up the essential supporting services. During this period the wisdom of purchasing general education college courses for the students or requiring a college course, in English for example, were studied but student opinion was against such a requirement (they preferred having the opportunity to take electives or various courses for personal enrichment as time allowed). The added costs of the program; the large numbers of students and the problems encountered or restrictions imposed on curriculum design were deterrents to pursuing such a plan (at least for a period of time). Students were encouraged, with a more stable and predictable schedule, to avail themselves of college or continuing education courses while enrolled in our program as their pocketbooks and the limitations of their time allowed.

To seriously consider the feasibility of becoming an independent school of nursing, with the authority to grant a degree, seemed to us an unwise and unrealistic venture because of the problems of financing, at a time when well established and endowed educational institutions were encountering serious fiscal problems, because of the limited nature of a degree in a single purpose school, and the possibility of increasing the isolation of the nursing students from students in other health sciences or disciplines. Approximately two years ago there were explorations with a local University and a proposal outlined to establish a link between the School of Nursing and that University. However, their other priorities and the costs involved prevented this. Concurrently, in the early 1970's the MGH initiated some activity, upon recommendation of the

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Hospital's Committee on Teaching and Education, to determine whether the charter of the Hospital might be amended to receive legal authority as an educational institution. (Some of you have undoubtedly heard of this or read about it in the MGH News.) We began to consider a nursing education program in such a framework but hope waned as there were few indications of progress in determining the feasibility of the Hospital's receiving legal collegiate authority. It was a particularly discouraging time. For all of us associated with major educational programs within a hospital our concern about costs and the extent of the subsidy of the program had become an overriding one, made the more critical by the likelihood that third party payers would not continue to underwrite educational costs to the extent that they have.

This past year a series of events has taken place which has once again unleashed our imagination and given us renewed courage and hope that some of our commonly held goals for the future of the School might be achieved. As the School enters its second century (or first millenium, if you prefer) I would like to describe briefly, in closing, some of the events which are taking place in order to become a degree granting institution.

In March of 1973, Mr. Richard Olsen was appointed Educational Consultant for the Hospital and an inventory of all its educational programs was undertaken. After consultation with the Chancellor and Vice-Chancellor of the Board of Higher Education of Massachusetts, with whom the legal responsibility for collegiate authority rests, notification was sent to the Secretary of State and to the Board that the Hospital intends to submit a petition for collegiate authority, requesting permission to conduct certain programs and to award certain degrees. Currently a grant is being sought to develop a construct of an overall organizational fiscal and educational model; its educational purposes and

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many inquiries and applications received from college graduates, not only by our School but in many areas of the country, and by the developing concept of the professional nurse as a collaborator with unique roles and functions in providing health care.

There is much work to be done; it is not a quick process; nor is there a guarantee that the necessary authority to grant a degree will be received. But we are close to a dream or a vision which many have had for the School of Nursing for many, many years. We are indeed at the threshold of history making decisions of great social impact. We invite you to participate, to join hands with us, and to share in this historical undertaking.

Marion L. Fitzgerald
Apr. 29, 1973

*Centennial Celebration
of the School of Nursing*

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Barbara Thayer
Apr. 24, 1973

of the School of Nursing
Barbara Thayer

Paper presented by Hattie P. Ford
at the
N.E.N. Council of Diploma Programs, Workshops
Nov. 16, 1972
FACULTY ORGANIZATION - A CREATIVE POWER

On the frontispiece of his book "Up The Organization: How to Stop the Corporation from Stifling People and Strangling Profits," Robert Townsend remarks: (with tongue in cheek, I trust) "And God created the Organization and Gave it Dominion over Man." I mention this because it illustrates what we don't mean by Organization. I take the stance that man is and makes the organization: defines its goals, shapes its policies and procedures, and makes it work through providing services consistent with its goals.

This presentation has three purposes

- 1) To relate principles of administration and organization to a faculty organization in a single purpose school (a diploma program).
- 2) To enumerate the major functions of a school of nursing faculty organization.

I'd like to elaborate on this here: though we are single purpose or diploma program schools, we are multi-service in nature, so the functions and purposes of the faculty organization should spell these out. Among them are:

- 1) Selection, admission, promotion, and graduation of students.
- 2) Planning, review, and revision of curriculum. *+ resources for enrichment*
- 3) Development and implementation of a faculty development program.
- 4) Selection, utilization, and maintenance of educational facilities, resources, and services.

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- 4) Selection, utilization, and maintenance of educational facilities, resources, and services.

5) Establishment and maintenance of student services

such as Health, Counseling, Guidance, Residences, etc.

provided for a system of review

6) The evaluation of all aspects of the school, and its program and services.

The functioning of a diploma school faculty organization involves a plan "based on a clear formulation of the objectives of the school and the operations required to meet these goals. The plan is then implemented by school personnel chosen for their ability to perform the operations that contribute to the realization of the objectives."¹

In the event that we contract for services or enter into cooperating relationships with other agencies, it is our responsibility to define the nature and purpose of the relationship, the services to be provided, and to ensure through ongoing communications and evaluation that our standards are met. This must be in harmony with our stated philosophy and objectives.

I shall come back to some of these points but will move on now to the third purpose of this presentation; that is to establish the concept that an active and dynamic faculty organization is one that encourages active participation on the part of all members.

Dr. Power has enunciated principles of faculty involvement. So I would like to speak to this in relation to how an organization encourages or discourages participation, and to the specific words in the title of this presentation: Faculty Organization - A Creative Power.

First of all we are working on the assumption that there can be individual and group creativity, and that creativity and organization are not

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Representation: Faculty Organization - A Creative Power

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Individual and group creativity and organization are not

mutually exclusive. Does the organization, with its stated purposes, rules, regulations, and designated units, make the most of the creativity in its members? Is it structured in such a way that it meets the needs and achieves the purposes of the group without trying necessarily to imitate an organizational pattern or chart from some other agency or textbook? Is it structured in such a way that there is flexibility so that all the latent power and energy within the group, transformed into an active moving force, doesn't explode in all directions, burst at the seams, or just fizzle out like an aborted rocket because of the rigidity of the structure, the confinement or containment of ideas, or the failure to perceive, utilize or to open up channels to work through?

Since we use the word creativity, what do we mean by it? It is a "word of dizzying popularity at the moment - people think of it as a kind of psychic wonder drug, powerful and presumably painless; and everyone wants a prescription." So says John Gardner in *Self Renewal; the Individual and the Innovative Society*.¹ But he goes on to say that it is much more than a fad, "its a part of a growing resistance to the tyranny of a formula, a new respect for individuality, a dawning recognition of the potentialities of the liberated mind."

He goes on to make several points about creativity that have relevance for a faculty organization, so I shall draw rather heavily on the reference which I mentioned before. Is it possible to foster creativity? While the question is not easily answered, "much can be done to release the potential that is there." "It is almost a universal testimony that certain kinds of environment smother creative impulses and others permit the release of these impulses."²

¹ Gardner - p. 32

² *ibid.* - p. 34 & 35

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Are we sensitive to the effect which the structure of the organization may have on the climate? Are there informal opportunities for faculties to understand the purposes of the organization, the resources available, the implications of change? Is the faculty a cooperating group having common objectives? Is there optimal utilization of faculty time and effort, and in numbers and types of committee assignments as well as other responsibilities within the faculty organization? Does the faculty have the opportunity to work together in such a way that each contributes to the growth of the total group and at the same time develops personally?

Research suggests that there are traits shared by creative people. Let's look at these.

1) Openness

Receptivity to sights, sounds, and events that impinge on him and openness to one's own inner experience. Let the hunches and wild ideas come to the surface, but then help to direct them so they can be translated into action. Is the pattern of faculty organization clear, so that one knows which would be the appropriate committee, group, or individual to go to with an idea? Are the functions and members of committees clearly stated?

Openness to experience also is limited to those things going on around us that seem to be relevant. No one can be indiscriminately open to all the clutter and clatter of life. The creative individual achieves his heightened awareness of some aspects of life by ignoring others. We cannot be all things to all people. Are there some matters more appropriately dealt with by small groups, individuals, or committees, rather than involving the faculty as a whole?

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Several principles related to faculty organization pertain here:

- 1) All members of faculty should participate in the faculty organization (but) to an extent consistent with their individual responsibilities.
- 2) No conditions should be made in the rules of the organization which would limit the participation of appropriate members. Do we involve beginning teachers as well as those more experienced? Do we involve non-teaching faculty, and draw on their special expertise and talents? Do we make provisions for input from non-faculty members who can make a valuable contribution as a resource person?
Are students involved in an appropriate way in terms of the nature of the contributions which we can reasonably expect of them, and in terms of their primary role as learners?
- 3) Do we keep the number of standing and special committees at the minimum necessary to facilitate the work of the organization, and are committees dissolved when no longer needed or when their functions can be assumed by another existing group or an individual?

A second trait linked to creativity is that of independence, but not isolation.

"Those who are responsible for the great innovative performances have always built on the work of others, and have enjoyed many kinds of social support, stimulation and communication. They are independent but not adrift."¹

1 Gardner - p. 37

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To me this supports first of all the principle that each member should have the competency to carry out the functions of the organization within the scope of his position, but also the need for defining interrelationships of different groups within the organization, for clearly stating purposes and membership of committees, for specifying the officers of the organization and their duties, for clearly defining and communicating the appropriate responsibilities (functions) allotted to each unit, and for each unit or member of an organization to understand to whom he or it reports and who should report to him or it. Then as an individual, with a concern, I know to whom I can go; which other individuals share the concern. How do I proceed to follow up on the concern? Which groups would need to be involved in order to act on a proposal or recommendation I might wish to make? How long might it take, reasonably, to effect a change?

Flexibility, not only within the organization but within the individual is a third trait related to creativity. It is a matter of "Toying with an idea, and looking at it from all angles, not persisting stubbornly and unproductively in one approach to a problem, but being able to change directions, and shift strategies; sometimes giving up our initial perception of a problem and redefining it."¹ There needs to be "a willingness to suspend judgment and not be uncomfortable in the presence of unanswered questions or unresolved difference" and permitting "all kinds of combinations and recombinations of experience with a minimum of rigidity."²

1 Gardner - p. 37

2 ibid. - p. 38

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If faculty are to be truly involved in not only wishing for change but also for helping to develop the necessary policies and procedures there must be an acceptance of this flexibility. The ~~related~~ ^{related} principle might be that the faculty must strive to reach consensus before taking action, and the faculty should consider the recommendations on appropriate matters from the committees and other groups before taking action. However, it is not bound by committee recommendations and should not serve just as a "rubber stamp."

The fourth and final trait apropos creativity is "the capacity to find order in experience." "Though creativeness may be described as meandering, digressive, and unpredictable rather than programmed in orderly fashion¹⁰, in any complex performance the process must at some point be brought under control."¹ The truly creative person is actually a lawmaker, not an outlaw or law breaker. "Every great creative performance in some measure brings order out of chaos (or disorder, or lack of defined goals). It brings about a new relatedness, connects things that did not previously seem connected, sketches a more embracing framework, moves toward larger and more inclusive understandings." "The energy (of creativity) is not only intense but sustained and many of the truly great examples of creativeness grow out of years of arduous application."²

This then describes the kind of power that we are talking about in "Faculty Organization - A Creative Power," not unbridled, unleashed power, flailing about, but a positive force, goal directed, aimed at

1 Gardner - p. 34

2 ibid. - p. 39

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carrying out the charges of the organization, and involving all members as effectively as possible.

Thus far I have been attempting to reinforce the concept that an active and dynamic faculty organization is one that encourages active participation on the part of all members, and to relate some pertinent principles of administration and organization.

There are in addition some general points that influence a diploma school of nursing faculty organization; let's look at these principles and some examples of their application.

- 1) The philosophy of the controlling group or institution influences to some degree certain policies related to the operation of the school.

The sources of financial support - public (city, county, or state funds), or private, or third party payer reimbursements: which subsidizes the program has implications for charges to students, budget planning in terms of the established fiscal year vs. the "school year," deadlines for submitting budget with its implications for advanced planning, and for seeking additional sources of income.

The philosophy of health care of the governing body will influence the type and variety of learning experiences available, and the extent to which we enter into contractual agreement with other agencies which might be utilized in order to meet the school's objectives. The philosophy of the governing body con-

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cerning educational activities appropriate to the organization might influence a curriculum plan, or whether courses are "purchased" from other educational institutions, or considered prerequisite to entrance.

Personnel policies, uniform throughout the institution, would have implications for faculty personnel policies and the extent to which they might be modified in terms of faculty needs.

Certain policies and procedures are the prerogative of the faculty, as discussed by Dr. Power, and certainly those related to curriculum development and evaluation, evaluation of student progress and promotion policies, and faculty development and evaluation are major concerns.

In our schools, other examples would include policies related to admission and recruitment of students, and the implications which this has for the curriculum and other services which we provide; withdrawal and return of students; attendance policies; student employment policy; uniform policies in harmony with the expectations of agencies used for experience, etc.

Some policies may be initiated by the faculty but final approval rests with the governing body: Major curriculum changes that would affect the length of the program and the type of practitioner prepared; changes in personnel policies for faculty; e.g. moving to an academic year with same salary and benefits; changes in relationships with cooperating agencies. A tuition aid plan, modified around the needs of the faculty and their schedules, to encourage and support faculty development and continuing education;

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tuition/fee and room and board charges for students; application for project grants, etc. which need assurance of continued level of support by the governing body, etc.

If the faculty are to participate effectively, it is important that they become aware of the extent of their authority as a group - which matters or issues might need to receive the attention of an Advisory Council, and what is its authority? Is there a Trustees Committee on Nursing Education which acts on recommendations prior to a vote of the full Board?

The purpose or objectives of a faculty organization should clearly indicate the reason for its existence, and the functions of the organization should provide for faculty giving attention to all aspects of the school. I have stated earlier what the functions would include, but would refer you also to page 11, paragraph 3, of Toward Excellence in Nursing Education, and also to the Criteria for the Evaluation of Diploma Programs in Nursing: it follows that with authority comes accountability, so we must have a comprehensive plan or set of criteria for evaluating the total program or our involvement in it.

The purpose of the faculty organization should clearly indicate that it is a policy making, procedure developing group, aimed at implementing the philosophy and objectives which it has established. It does not exist primarily for social/fraternal purposes, nor for communications alone, nor to serve as a rubber stamp to policies proliferated elsewhere, though as Dr. Power has pointed out, opportunities for socialization or informal discussions of issues will facilitate understanding, heighten the quality of debate, and stimulate involve-

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ment. We have found that having all faculty involved in discussing and exploring issues in smaller groups prior to faculty meetings increases faculty awareness of rationale of recommendations, stimulates them to keep informed, and saves long "warm up" periods at faculty meetings.

Having a clear statement of philosophy or purpose and the role of the faculty members within the organization is an essential part of our interviewing prospective faculty members. I believe that we must describe as clearly as possible our expectations, and that we have no paid professional, full time committee chairmen or members whose primary function is to attend meetings and make decisions about what the faculty wants or is concerned about, or the program needs.

While the organizational pattern of institutions will differ from school to school, there should be provision for developing, implementing, and evaluating each aspect of the school through a formalized means, such as rules and regulations, by-laws, rules of procedure, tailored and developed by and for the organization, and changed as needed to facilitate the work of the organization. The by-laws should facilitate not hinder - if a statement of quorum exists for committee action and the committee is handicapped in taking action, *because of ~~staff~~ ^{present} members* meeting after meeting, there should be a review of first of all the statement of quorum - is it an appropriate, realistic one; if so - what can be done to increase attendance at meetings? Is it a problem of time conflict, lack of interest because of not clearly defined goals, members carrying too many other responsibilities, or what? Is this committee still necessary, or is it duplicating the work of others, or has it outlived its usefulness? (Eliminating one unnecessary committee is like winning the million dollar sweepstakes in terms of faculty morale) When we changed a pattern of staff organization and developed a Student Personnel Services which combined the formerly distinct

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units of Admissions and Recruitment, Financial Aid; Counseling and Guidance; and Health and Student Housing; ^{found that we} we could eliminate two separate committees and significantly changed the operation of several other committees, so that faculty time and expertise could be more properly utilized, and the function of non-faculty supporting staff expanded or altered accordingly. We found that a separate committee on student faculty relationships could be dissolved, and much duplication, confusion, misunderstandings, and rumors reduced by involving students more effectively on some standing committees. It goes without saying that the nature of level of involvement of students on faculty committees or within the faculty organization must be clearly established and needs careful consideration and evaluation, with "ground rules" mutually understood, and accepted by students and faculty. We have found that it has fostered a more positive feeling toward many school policies, and a healthy respect, on the part of the students, for the quality of debate by the faculty, the faculty's concern for developing sound policies and procedures to enhance the quality of the program, and the faculty's sensitivity to those factors which will enhance student learning and the responsibilities which the students assume for their learning.

The faculty has been impressed by the hard work, dedication to the task or issue at hand, and judgment of many of the students who have consistently participated in an exemplary manner. Some students discovered and realized that they could not participate in a manner necessary to meet the group's objectives, or could not do so without overextending themselves.

Toward Excellence in Nursing Education summarizes student participation as follows: "Provision for active student participation throughout the organization is essential, and specific ways need to be established whereby students

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An annual review of a committee's achievement of the stated goals, and projected goals and recommendations for the future is basic to determining the wisdom of continuing or dissolving a committee, ^{whether} ~~where~~ other individuals or groups may more effectively incorporate its functions in their activities, or to changing the statement of membership by increasing or decreasing the size, or by appointing members who have a particular talent or contribution to make. On the one hand while experience and knowledge or educational background may be necessary to committee functioning, opportunities and incentives must be provided for all faculty to gain experience, and to increase their knowledge, ability, and leadership skills in some way so that the task of committee work, or chairing meetings, does not rest with the same few. Participation in the organization should contribute to the faculty member's growth, and enhance his contributions and the ability to derive satisfaction from the experience.

Membership in the faculty organization should be consistent with its purpose, and consist of "administrative and instructional staff, nurse and non-nurse, and other faculty personnel such as librarians, counselors, the person in charge of Student-Personnel Services, who are responsible for essential services to the students and who devote all or the major share of their time to the school either on a part-time or a full-time basis."² Resource persons, such as instructors or personnel from cooperating institutions (be they other health

1 Toward Excellence in Nursing Education, A Guide to Diploma School Improvement, NLN, p. 11

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In any organization the development of an effective system of communications is of prime importance, and needs the efforts of everyone to make the system work or make it better - so that all members are knowledgeable about what is being done by different groups to facilitate the functions of the organization; to be aware of DIFFERING views and their rationale; to develop a sense of trust and respect and understanding for others, and to know where, and from whom or how to obtain information. Obviously well written minutes of meetings, annual reports, written proposals for change documenting reasons and implications are all helpful. Here, too, a method must be adapted or developed to meet particular needs, and it seems to work well when the faculty take the initiative to determine effective methods. There may be times when all the faculty associated with a certain level in the course wish to meet; or science teachers with a faculty associated with another course; or first level nursing with advanced level nursing; or administrative faculty with course chairmen or any other combination. We have had some workshops involving various groups of the faculty to clarify roles, functions, relationships; to develop plans to meet course goals; and to establish practices that will facilitate communications. The fact that the organizational chart may show interrelating lines but does not show all the possible groupings of faculty with a designated person to call of chair a meeting should not inhibit faculty from have such meetings with specific purposes in mind.

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If there is a change in the organization of the functional areas of the faculty, if new positions are created, or staff grouped in a different way, particular effort must be made to describe and interpret such changes.

In closing I will summarize some points relative to patterns of faculty organization:

- 1) The total faculty may act as a committee of the whole; it may act within a committee structure; it may establish a pattern combining these two approaches mentioned.
- 2) When a committee structure is used, provision needs to be made for:
 - a) defined functions of each committee that include development and evaluation of the particular aspect for which the committee is responsible.
 - b) defined membership of the committee - usually by title, but also designating any minimum or maximum numbers.
 - c) delineation of responsibility for formulating recommendations for the total faculty's consideration or for the committee taking action when appropriate; e.g., Admission Committee delegated authority to select qualified students within the established policies and criteria.
(Dr. Power has mentioned the recommending function of committee.)

If there is a change in the organization of the functional areas of the faculty, if new positions are created, or staff grouped in a different way, particular effort must be made to describe and interpret such changes.

In closing I will summarize some points relative to patterns of

faculty organization:

1) The total faculty may act as a committee of the whole; it may act within a committee structure; it may establish a pattern combining these two approaches mentioned.

2) When a committee structure is used, provision needs to be

made for:

a) defined functions of each committee that include

development and evaluation of the particular aspect

for which the committee is responsible.

b) defined membership of the committee - usually by

title, but also designating any minimum or maximum

numbers.

c) designation of responsibility for formulating recom-

mendations for the total faculty's consideration or

for the committee taking action when appropriate;

3.3.3. Admission Committee delegated authority to

select qualified students within the established

politics and criteria.

(Dr. Pover has mentioned the recommending

function of committee.)

3) When the total faculty acts as a committee of the whole, provision needs to be made for:

- a) developing a plan for attending to matters related to all aspects of the school's program.
- b) establishing meeting times for considering specific aspects of the school.
(curriculum, student welfare, admissions, faculty development, etc.)
- c) specific functions (comparable to those of the standing committees) as they relate to each major aspect being considered by the total faculty. (In other words delineate and describe the function of the group as opposed to an individual in relation to various aspects of the program.

4) When the faculty organization uses a combination of the above two approaches, provision needs to be made for:

Clear delineation of those aspects and functions to be implemented by the committee of the whole as opposed to a standing committee.

5) The committee structure should be appropriate to the size of the faculty, realistic in relation to use of faculty time and talents, and related to program objectives.

6) Regularly scheduled meetings should be held of the faculty organization and standing committees, with a calendar prepared for the year.

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 - c) Regularly scheduled meetings should be held of the faculty organization and standing committees, with a calendar prepared for the year.

- 7) And finally - make a plan of organization work for you; don't let the organization chart become a straightjacket so that rigor mortis sets in. As Robert Townsend said "Good organizations are living bodies that grow new muscles to meet challenges."¹ So by all means have a plan, but don't be afraid to draw the chart in pencil, and keep an eraser handy!
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Discussion

12-2:00 p.m. Break for Lunch

Helene R. Petzold
Presented at the
N.L.W. Council of Deploma
Peapacks workshop
"Being a Creative Faculty
Member is more than
Teaching".
Nov. 16, 1972

1 Robert Townsend, Up the Organization, p. 134

17-
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Discussion

Break for lunch 12-2:00 p.m.

Robert Townsend
Presented at the
U.S. Council of Economic
Advisers Workshop
"Group a Creative Faculty"
Memorandum for the
Treasury
Nov. 16, 1975

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Superintendent of Nurses

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School of Nursing

